

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	RSD		11/11/00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	Original
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
13	✓
14	✓
15	✓
16	✓
17	✓
18	0
19	✓
20	✓
21	✓
22	0
23	✓
24	✓
25	✓
26	✓
27	0
28	0
29	✓
30	✓
31	0
32	✓
33	✓
34	✓
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Claim	Date
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Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions  
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